

research snapshot

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What Is the State of Women's Health Work in Canada?

What is this research about?

In the past, the unpaid labour of Canadian women went largely unnoticed, hidden in the household. By the 1970s, however, the women's health movement had begun to emerge. Feminists made the relationships between women's work, health, and families central to their debates and research. Women began to take control of their health and take a greater part in the labour force. Public services, which provided jobs and support, were growing.

But the 1980s brought about a dramatic shift. The rise of neo-liberal forces, which privilege the market above the public good, eroded many of the social supports that women and feminists had fought for. Publicly-funded health care came to be seen as a problem rather than a solution. Women especially suffered; many were sent home immediately after giving birth. Those who needed psychiatric care saw their services taken away in the name of cost-cutting. On the plus side, women's studies became a part of academia, and researchers came up with more nuanced ways of thinking about women's health work. Nevertheless, the women's movement experienced a slow decline. It was often attacked for failing to address factors like class, race, disability, and sexuality.

What you need to know:

Canada needs to be more of an active and democratic state that pursues gender and other kinds of equity. It should serve as a model employer by providing good pay, benefits, conditions, and security. More generally, the government needs to promote good health and celebrate the work that is done in public facilities and private households.

What is the state of women's health work in Canada today? And how can it be better supported by the government?

What did the researchers do?

Researchers at York University and Carleton University looked at the recent history of women's health work in Canada. They studied how the role of women in the labour market has changed as governments have become more market-focused. They also offered recommendations on how to improve conditions for women who provide care in Canada.

What did the researchers find?

The love affair with markets and profit has resulted in a shift, sending a lot of care work to the home. Canadian women have more work than ever, much of it precarious and unpaid. There is also more violence in households – against those who need care and those who provide it, whether paid or unpaid. Disparities among women and households have increased since some people can afford to pay for care and others can't. The private home is no longer private – the state often enters homes to determine if care is required – and hospitals are increasingly defining “care” as surgical intervention and drug administration.

How can you use this research?

Researchers and policymakers need to recognize that the context in which women do their work has an impact on their lives. So, too, does the blurring of public and private spheres. The study of women's health work should look at complex factors like class, race, disability, and sexuality. It should also look at the health hazards in paid and unpaid work. Policymakers need to recognize that structural inequality often limits the employment options of women and their ability to choose.

About the Researchers

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